

Check the applicable box:

☒ **Lobbyist Employer Registration Statement**

☐ **Lobbying Coalition Registration Statement**

(Government Code Section 86105)

Type or Print in ink

Legislative Session

2009 2010  
(Insert Years)

1/5

CALIFORNIA FORM **603**

FAIR POLITICAL PRACTICES COMM.

For Official Use Only

AMENDMENT 001

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

California Association of Health Plans

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

Sacramento

CA

95814

MAILING ADDRESS: (If different than above)

If this is an initial registration, enter the  
DATE QUALIFIED:

12/03/2008

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

E-MAIL: (Optional)

### I Lobbyists and Lobbying Firms Employed

\* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Please see attached pages

### II List Below the State Agencies Whose Actions you Will Attempt to Influence

\* Will you attempt to influence the State Legislature?



Yes



No

Please see attached pages

### III Description of Lobbying Interests

\* For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act." Issues impacting health plans

### VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed On 07/28/2009  
DATE

By Patrick Johnston  
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Patrick Johnston  
TYPE OR PRINT

Title President & CEO

FPPC Form 603 (7/98)  
For Technical Assistance: 916/322-5660

# Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA  
FORM

603

FAIR POLITICAL PRACTICES COMM.

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

California Association of Health Plans

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## Nature and Interests of Filer

Check one box only:

- ☐ INDIVIDUAL (Complete only Parts A and E) ☐ BUSINESS ENTITY (Complete only Parts B and E) ☒ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E) ☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

### A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

### B. Business Entity

Description of business activity in which engaged:

### C. Industry, Trade or Professional Association

1. Description of industry, trade or profession represented:

Health Plans

2. Specific description of any portion or faction of the industry, trade or profession which the association exclusively or primarily represents:  
n/a

3. Number of members in association (check appropriate box)

- ☐ 50 OR LESS (provide names of all members on an attachment.) ☒ MORE THAN 50

### D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

### E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- ☐ AGRICULTURE ☐ LEGAL  
☐ EDUCATION ☐ PUBLIC EMPLOYEES  
☐ GOVERNMENT ☐ POLITICAL ORGANIZATIONS  
☒ HEALTH ☐ UTILITIES  
☐ LABOR UNIONS ☐ OTHER: \_\_\_\_\_  
(Describe)

BUSINESS (Check one of the following sub-categories.)

- ☐ ENTERTAINMENT/RECREATION ☐ OIL AND GAS  
☐ FINANCE/INSURANCE ☐ PROFESSIONAL/TRADE  
☐ LODGING/RESTAURANTS ☐ REAL ESTATE  
☐ MANUFACTURING/INDUSTRIAL ☐ TRANSPORTATION  
☐ MERCHANDISE/RETAIL ☐ OTHER \_\_\_\_\_  
(Describe)

Lobbyist Employer/Lobbying  
Coalition Registration Statement

I Lobbyists and Lobbying Firms Employed

\* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Employee Lobbyist
Charles Bacchi
Employee Lobbyist
Nick Louizos
Lobbying Firm
Lang Hansen O'Malley and Miller

Lobbyist Employer/Lobbying  
Coalition Registration Statement

II List Below the State Agencies Whose Actions you Will Attempt to Influence

Dept. of Managed Health Care

Dept. of Insurance

Dept. of Health Services

Major Risk Medical Insurance Board

Business,Transportation & Housing Agency

Health & Welfare Agency

Governor's Office

# TEXT ANNOTATION

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**Schedule** F605

**Reference No:**

CALIFORNIA ASSOCIATION OF HEALTH PLANS (ID E22652) Patrick Johnston,President & CEO,is new Responsible Officer effective 7/1 - /2009